	Revision: HCFA-PM-91-4 (August 1991	Page	EMENT 2 TO ATTAC 1 o.: 0938-	HMENT 2.6-A
	STATE PLAN UNDER TIT	LE XIX OF THE S	OCIAL SECURITY A	СТ
	State: OKLAHO)MA		
	V 10			
A.	CATEGORICALLY NEEDY GROUPS	WITH INCOMES R	ELATED TO FEDERA	L POVERTY LEVEL
	1. Pregnant Women			
	a. Mandatory Groups			
	□ Same as	SSI resources la	evels.	
	Less res	trictive than S	SI resource leve	ls and is as follows:
	Family Size		Resource Level	
	1		N/A	
	2		N/A	
	b. Optional Groups			
	Same as	SSI resources la	evels.	
	■ Less res	strictive than S	SI resource leve	ls and is as follows:
	Family Size		Resource Level	
	1		N/A	
	2		N/A	
		and the state of t	1	~_7
	STAT DATE DATE DATE HCF/	E OK RECO 1-5- ALEVO 3-9 21-1-	98 -98 -97 70	Revised 12-01-97
	o. 97-20 rsedes 3-/3 Approval Date	3-9-98 E	ffective Date: _	12-1-97

Revision:	HCFA-PM-91-4 (August 1991	Page	2	TTACHMENT 2.6-A
	-	OMB N	io.: 0938-	•
	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL S	ECURITY ACT
	State:	OKLAHOMA		
2. <u>Infants</u>				
a. <u>Ma</u>	ndatory Group of Inf	ants		
	□ Same as	resources levels	s in the State's	s approved AFDC plan.
	■ Less re	strictive than th	ne AFDC levels a	and are as follows:
	Family Size		Resource Level	
	1		N/A	
	_ 2 _		N/A	
	3		N/A	
	4		N/A	
			N/A	
				
	6		N/A	
	7		N/A	
	8		N/A	
	9		N/A	
	_10		N/A	
	STATE	0K 1-5-98 3-9-98 12-1-97 91-20	A	Revised 12-01-97

TN No. 97-30Supersedes
TN No. 93-13Approval Date: 3-9-98Effective Date: 12-1-97

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

August 1991

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	OKLAHOMA

b. Optional Group of Infants

- □ Same as resources levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
_10	N/A

STATE OK	
DATE RECD 1-5-98	
DATE APPLO 3-9-98	Α
DATE EST	
HCFA 179 77-30	

Revised 12-01-97

TN No. 97-20 Supersedes TN No. 93/3

Approval Date: 3-9-98

98 Effective Date: 12-1

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) August 1991

Page 4

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	OKLAHOMA		
state:	ONLANOPIA		

3. Children

a. Mandatory Group of Children

- Same as resources levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	N/A
	N/A
3	N/A
4	N/A
5	N/A
6	N/A
	N/A
8	N/A
9	N/A
_10	N/A

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	DATE PEC D 1-5-98		
	DATE APPLY 3-9-98	٨	
	DATE COF 12-1-97	~	I
L	HCFA 179 97-20		l

Revised 12-01-97

Supersedes TN No.

Approval Date:

3-9-98 Effective Date: 12

Revision:	HCFA-PM-91-4 (BPD) AUGUST 1991	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 5 OMB No.: 0938-
	STATE PLAN UNDER TIT	LE XIX OF THE SOCIAL SECURITY ACT
	State: OKLAHOMA	
b.	Optional Group of Child	dren
		levels in the State's approved AFDC plan.
		than the AFDC levels and are as follows:
	Family Size	Resource Level
	1	**************************************
	2	
	3	
	4	
	5	
	6	
	8	
	9	
	_10	
	N/A	
	N/A	

		New 10-01-91	
IN No Supersedes IN No.	Approval DatMAR - 3 1992	Effective Date QCT - 1 1991	
IN NO.	-	HCFA ID: 7985E	

STATE JAN 29 1992

DATE REC'D MAR - 3 1992

DATE APPVID MAR - 1 1991

HOFA 179 92-02

	HCFA-PM-91- 4 AUGUST 1991	(BPD)	SUPPLEMENT 2 T Page 6 OMB No.: 0938	TO ATTACHMENT 2.6-A
	STATE PLAN UNI	DER TITLE XIX	OF THE SOCIAL SEC	URITY ACT
S	tate: OK	LAHOMA		
4. Aged	and Disabled I	ndividuals		
	Same as SSI r	esource level	s.	
	More restrict	ive than SSI	levels and are as	follows:
	Family Size	Resour	ce Level	
	1			
	2			
	3			
	4			
	5			
<i>□</i> 7	Same as medic has a medical	ally needy re ly needy prog	source levels (apr ram)	olicable only if State
	Not Applicable			
				New 10-01-91

TN No.
Supersedes
TN No.

Approval Date MAR - 3 1992 Effective Date OCT - 1 1991
HCFA ID: 7985E

Revision: OKLAHOMA

December, 1997

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

RESOURCE LEVELS (Continued)

APPLICABLE TO ALL GROUPS

B. MEDICALLY NEEDY

Oklahoma Medicaid does not impose resource tests under the Medically Needy Program for any AFDC related group (pregnant women and children).

For non-AFDC related Medically Needy groups the resource tests are as follows:

1	\$2,000.00
2	\$3,000.00
3	\$3,100.00
4	\$3,200.00
5	\$3,300.00
6	\$3,400.00
	\$3,500.00
8	\$3,600.00
9	\$3,700.00
_10	\$3,800.00

For each additional person:

STATE - OK

DATE RECID 1-5-98

DATE APA D 3-9-98

A DATE LIF 12-1-97

HOFA 179 97-20

\$100.00

Revised 12-01-97

TN No. 97-20Supersedes Approval Date 3-9-98 Effective Date 12-1-97TN No. 92-02